

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 7 1961

-61-001777

AMENDED

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

80

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN INDEPENDENCELength of stay in 1b  
28 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN INDEPENDENCE

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
804 RED ROADReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

HELEN

Middle

B.

Last

SHROCK

4. DATE OF DEATH

Month

FEBRUARY

Day

1,

Year

1961

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-16-1895

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
HOUSEWIFE10b. KIND OF BUSINESS OR INDUSTRY  
DOMESTIC11. BIRTHPLACE (City and state or country)  
BUNCETON, MO.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

FRANK WAGONER

## 13b. MOTHER'S MAIDEN NAME

ELLA TRIPLET

## 14. NAME OF HUSBAND OR WIFE

Andrew Dale Shrock

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
NO NO

## 16. SOCIAL SECURITY NO.

NONE

## 17. INFORMANT

## Address

Andrew Shrock, 804 Red Road, Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Debility cachexia, electrolyte imbalance

Intestinal obstruction

Radiation Fibrosis

## INTERVAL BETWEEN ONSET AND DEATH

10 days

4 wks.

2 yrs.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of Fundus of uterus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-28-61 to 2-1-61 and last saw her alive on 2-1-61  
Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

## 23b. DATE

2-3-61

## 23c. NAME OF CEMETERY OR CREMATORY

FLORAL HILLS CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.

## 25. DATE RECD. BY LOCAL REG.

2-3-61

## 26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mosser

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed A. Kenneth Patterson

Licensed Embalmer No. 4695

P. O. Address Indy Mo

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.